

Board of Adjustment Application to Appeal Administrative Decision

<u>APPLICATION FEE</u>

No filing fee is required for an appeal of an administrative decision.

APPLICATION INSTRUCTIONS

It is recommended that the applicant speak with Planning and Zoning Department staff prior to submitting the application. Contact staff at (336) 626-1201 ext. 292 to ensure application requirements are satisfied.

The application must be filed with the City Clerk no more than 30 days after written or constructive notice of the decision being appealed. A properly filed application normally will be heard at least 30 days after filing (see below.)

MEETING SCHEDULE*

Filing Date	BOA Meeting*
December 4, 2020	Monday, January 4, 2021
December 31, 2020	Monday, February 1, 2021
January 29, 2021	Monday, March 1, 2021
March 5, 2021	Monday, April 5, 2021
April 1, 2021	Monday, May 3, 2021
May 7, 2021	Monday, June 7, 2021
June 11, 2021	Monday, July 12, 2021
July 2, 2021	Monday, August 2, 2021
August 13, 2021	Monday, September 13, 2021
September 3, 2021	Monday, October 4, 2021
October 1, 2021	Monday, November 1, 2021
November 5, 2021	Monday, December 6, 2021

^{*}Dates are tentative and subject to change check with staff to verify meeting dates.

	STAFF U	ISE
Received by:	Date:	Case Number:

APPLICANT INFORMATION

Applicant	Applicant's Phone #	
Applicant's Address		
PROPERTY INFORMATION (f Applicable)	
Property Owner's Name		
Location of Property		
Property Size (ac. or s.f.)		
Randolph County Property Identif	cation Number (PIN#)	
Current Zoning District		
Date Property Title Acquired	Deed Book Page	
Subdivision	Section Lot #	
Plat Book Pag	e	
APPLICATION SIGNATURES It is understood by the understand considered, the burden of Applicant Signature(s)	gned that while this application will be carefully reviewed proof rests with the applicant.	
☐ Yes ☐ No	Owner, has Property Owner been notified? gnatory (if different from Applicant)	
Position/Relationship of Author	zed Signatory to Applicant	

STATEMENT BY APPLICANT: In the space provided below and/or on with an additional attachment(s), please state the facts and line of argument that you believe support your appeal. In providing this information, please state the precise action that you would like to see taken by the Board of Adjustment.
I certify that all the information presented by me in this application is accurate to the best of my knowledge, information and belief.
Signature of Applicant